

| ORDER FOR SUPPLIES OR SERVICES | | | | | | | | | | PAGE 1 OF 6 | | | |
|---|-------------------|--|---|---------------------------------|---|--|--|---|---|---|--|------------|--|
| 1. CONTRACT/PURCH. ORDER/ AGREEMENT NO. N66001-12-D-0096 | | | 2. DELIVERY ORDER/ CALL NO. 0007 | | 3. DATE OF ORDER/ CALL (YYYYMMDD) 2015 Jul 27 | | 4. REQ./ PURCH. REQUEST NO. 1300510966 | | 5. PRIORITY | | | | |
| 6. ISSUED BY SPAWAR SYSTEMS CENTER PACIFIC DAN NARDI, CODE 22530 DAN.NARDI@NAVY.MIL 53560 HULL STREET SAN DIEGO CA 92152-5001 | | | CODE N66001 | | 7. ADMINISTERED BY (if other than 6) DCMA ATLANTA 2300 LAKE PARK DRIVE SUITE 300 SMYRNA GA 30080-4091 | | | CODE S1103A | | 8. DELIVERY FOB <input checked="" type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER (See Schedule if other) | | | |
| 9. CONTRACTOR SCIENTIFIC RESEARCH CORPORATION DUNS#: 197138274 NAME AND ADDRESS 2300 WINDY RGE PWY STE 400S ATLANTA GA 30339-5665 | | | CODE 0D5A6 | | FACILITY | | 10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) SEE SCHEDULE | | 11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED | | | | |
| 12. DISCOUNT TERMS | | | | | | | 13. MAIL INVOICES TO THE ADDRESS IN BLOCK See Section G of the Contract | | | | | | |
| 14. SHIP TO SEE SCHEDULE | | | CODE | | 15. PAYMENT WILL BE MADE BY DFAS-COLUMBUS CENTER DFAS-CO/SOUTH ENTITLEMENT OPS P.O. BOX 182264 COLUMBUS OH 43218-2264 | | | CODE HQ0338 | | MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2. | | | |
| 16. TYPE OF ORDER | DELIVERY/ CALL | <input checked="" type="checkbox"/> | This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. | | | | | | | | | | |
| | PURCHASE | | Reference your quote dated Furnish the following on terms specified herein. REF: | | | | | | | | | | |
| ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME. | | | | | | | | | | | | | |
| NAME OF CONTRACTOR | | | SIGNATURE | | | TYPED NAME AND TITLE | | | DATE SIGNED (YYYYMMDD) | | | | |
| <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: | | | | | | | | | | | | | |
| 17. ACCOUNTING AND APPROPRIATION DATA/ LOCAL USE See Schedule | | | | | | | | | | | | | |
| 18. ITEM NO. | | 19. SCHEDULE OF SUPPLIES/ SERVICES | | | | 20. QUANTITY ORDERED/ ACCEPTED* | | 21. UNIT | | 22. UNIT PRICE | | 23. AMOUNT | |
| | | SEE SCHEDULE | | | | | | | | | | | |
| * If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle. | | | | | | 24. UNITED STATES OF AMERICA TEL: (619) 553-5239 EMAIL: tamara.cunningham@navy.mil BY: Tamara L. Cunningham | | (b)(6) | | 25. TOTAL | | (b)(4) | |
| 27a. QUANTITY IN COLUMN 20 HAS BEEN | | | | | | | | 26. DIFFERENCES | | | | | |
| <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED | | | | | | | | | | | | | |
| b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE | | | | | | c. DATE (YYYYMMDD) | | d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE | | | | | |
| e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE | | | | | | 28. SHIP NO. | | 29. DO VOUCHER NO. | | 30. INITIALS | | | |
| f. TELEPHONE NUMBER | | g. E-MAIL ADDRESS | | | | <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL | | 32. PAID BY | | 33. AMOUNT VERIFIED CORRECT FOR | | | |
| 36. I certify this account is correct and proper for payment. | | | | | | 31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL | | | | 34. CHECK NUMBER | | | |
| a. DATE (YYYYMMDD) | | b. SIGNATURE AND TITLE OF CERTIFYING OFFICER | | | | | | | | 35. BILL OF LADING NO. | | | |
| 37. RECEIVED AT | | 38. RECEIVED BY | | 39. DATE RECEIVED (YYYYMMDD) | | 40. TOTAL CONTAINERS | | 41. S/R ACCOUNT NO. | | 42. S/R VOUCHER NO. | | | |

Section B - Supplies or Services and Prices

| ITEM NO | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|---------------------|--|----------|------|----------------------|--------|
| 0004 | | 1 | Lot | | (b)(4) |
| EXERCISED OPTION | Services IAW Attached PWS CPFF FOB: Destination PURCHASE REQUEST NUMBER: 1300510966 | | | | |
| | | | | ESTIMATED COST | (b)(4) |
| | | | | FIXED FEE | (b)(4) |
| | | | | TOTAL EST COST + FEE | (b)(4) |
| | ACRN AA CIN: 130051096600001 | | | | (b)(4) |

| ITEM NO | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|---------------------|------------------------|----------|------|------------|--------|
| 0005 | | | Lot | | NSP |
| EXERCISED OPTION | Data IAW Attached CDRL | | | | |

The total cost plus fixed fee is based on an estimated (b)(4) direct labor hours (Fee-Bearing subcontractor effort included, if applicable).

The COR designated for this task order is:

(b)(6), 53226
619-553-6112
(b)(6)

Section E - Inspection and Acceptance

INSPECTION AND ACCEPTANCE TERMS

Supplies/services will be inspected/accepted at:

| CLIN | INSPECT AT | INSPECT BY | ACCEPT AT | ACCEPT BY |
|------|-------------|------------|-------------|------------|
| 0004 | Destination | Government | Destination | Government |
| 0005 | Destination | Government | Destination | Government |

Section F - Deliveries or Performance

DELIVERY INFORMATION

| CLIN | DELIVERY DATE | QUANTITY | SHIP TO ADDRESS | UIC |
|------|-----------------------------------|----------|-------------------------|-----|
| 0004 | POP 27-JUL-2015 TO 26-JAN-2016 | N/A | N/A FOB: Destination | |
| 0005 | POP 27-JUL-2015 TO 26-JAN-2016 | N/A | N/A FOB: Destination | |

Section G - Contract Administration Data

ACCOUNTING AND APPROPRIATION DATA

AA: 1751804 5C1C 257 00039 0 050120 2D 000000

COST CODE: A00002957613

AMOUNT: (b)(4)

CIN 130051096600001: (b)(4)

CLAUSES INCORPORATED BY FULL TEXT

252.204-0002 LINE ITEM SPECIFIC: SEQUENTIAL ACRN ORDER. (SEP 2009)

The payment office shall make payment in sequential ACRN order within the line item, exhausting all funds in the previous ACRN before paying from the next ACRN using the following sequential order: Alpha/Alpha; Alpha/numeric; numeric/alpha; and numeric/numeric.

(End of clause)

ENTERPRISE CONTRACTOR MANPOWER REPORTING APPLICATION (ECMRA)

The contractor shall report ALL contractor labor hours (including subcontractor labor hours) required for performance of services provided under this contract for the Space and Naval Warfare Systems Command (SPAWAR) via a secure data collection site. The contractor is required to completely fill in all required data fields using the following web address <https://doncmra.nmci.navy.mil>.

Reporting inputs will be for the labor executed during the period of performance during each Government fiscal year (FY), which runs October 1 through September 30. While inputs may be reported any time during the FY, all data shall be reported no later than October 31 of each calendar year. Contractors may direct questions to the help desk, linked at <http://www.ecmra.mil>.

For purposes of ECMRA reporting, the Federal Supply Code / Product Service Code applicable to this contract/order is J070.

Section J - List of Documents, Exhibits and Other Attachments

Exhibit/Attachment Table of Contents

| DOCUMENT TYPE | DESCRIPTION | PAGES | DATE |
|---------------|---|-------|-------------|
| Attachment 1 | Contract Data Requirements List (CDRL) | 9 | 26-MAR-2015 |
| Attachment 2 | Quality Assurance Surveillance Plan (QASP) | 1 | 21-APR-2015 |
| Attachment 3 | Performance Work Statement (PWS) | 4 | 14-MAY-2015 |